

Case Number:	CM15-0104588		
Date Assigned:	06/09/2015	Date of Injury:	07/23/2004
Decision Date:	08/26/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old male, who sustained an industrial injury on 07/23/2004 when a large piece of wood shot out of a milling machine and hit him in the left groin area. His artery to his left groin was severed. The artery was repaired and he later developed a blood clot. According to a partially legible handwritten progress report dated 12/18/2014, subjective complaints included anxiety, depression, diminished energy, flashback, irritability, low self-esteem, panic attacks, sleep disturbance and social withdrawal. Diagnoses included major depressive disorder single episode severe with psychotic, posttraumatic stress disorder and pain disorder associated with both psychological factors and general medical condition. Current psychiatric medications included Prozac, Diazepam, Cialis and Abilify. According to a partially legible handwritten progress report dated 04/30/2015, the injured worker had visited family in Mexico for a few weeks which had lifted his mood a bit, but he remained plagued with pain related depression and anxiety. Subjective complaints included anger, anxiety, depression, diminished energy, exaggerated startle response, phobic avoidance of situations that rekindled memories of the traumatic event, irritability, low self-esteem, sleep disturbance, social withdrawal and suicidal ideation with denied intent. Objective findings included anxiousness, depression and obvious physical discomfort. He ambulated with a cane. Current psychiatric medications included Prozac, Diazepam and Abilify. Currently under review is the request for retrospective use Prozac 40mg 20mg (date of service 07/21/2013), retrospective use Abilify 5mg (date of service 07/21/2013), retrospective use Diazepam 5mg (date of service 07/21/2013) and retrospective use Cialis 20mg (date of service 07/21/2013).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective use Prozac 40mg 20mg (DOS: 07/21/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Online Version, Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations; The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Retrospective use Prozac 40mg 20mg (DOS: 07/21/2013) is not medically necessary as the strength and quantity of medication is unspecified.

Retrospective use Abilify 5mg (DOS: 07/21/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Online Version, Aripiprazole (Abilify); MD Drug Consult Monograph, Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Atypical Antipsychotics, Abilify.

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical anti-psychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Anti-psychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the anti-psychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical anti-psychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The request for Retrospective use Abilify 5mg (DOS: 07/21/2013) is excessive and not medically necessary. There is insufficient evidence to recommend atypical anti-psychotics (eg,

quetiapine, risperidone) for conditions covered in ODG. Also, the request is not medically necessary as the strength and quantity of medication is unspecified.

Retrospective use Diazepam 5mg (DOS: 07/21/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, Online Version, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Valium on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Retrospective use Diazepam 5mg (DOS: 07/21/2013) is not medically necessary as the strength and quantity of medication is unspecified.

Retrospective use Cialis 20mg (DOS: 07/21/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Tadalafil (Cialis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.GOV-Cialis.

Decision rationale: Cialis drug, first intended for the treatment of erectile dysfunction (ED), received US FDA approval in 2011 for another two indications: for the treatment of benign prostatic hyperplasia (BPH), and BPH and ED together. The request for Retrospective use Cialis 20mg (DOS: 07/21/2013) is not medically necessary as there is no clinical indication for its use in this case and also as the strength and quantity of medication is unspecified in the request.